

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E594		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/24/2014	
NAME OF PROVIDER OR SUPPLIER  MCGIVNEY HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2907 E 136TH ST CARMEL, IN 46033			
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/24/14</p> <p>Facility Number: 000545 Provider Number: 15E594 AIM Number: 100267350</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, McGivney Health Care Center was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a lower level was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in all resident</p>		K010000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K010038 SS=B	rooms. The facility has a capacity of 37 and had a census of 30 at the time of this survey.  All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached storage building which was not sprinklered.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/31/14.  The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			K010038	Disclaimer : Preparation, Submission and Implemenation of this Plan of Correction does not constitute an admission of / or		08/23/2014
	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure 1 of 14 nonresident rooms do not require the						

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K010050 SS=F	<p>unlocking of two locks on the door to exit from a room. This deficient practice could affect 6 residents in the Dining room adjacent to the Director of Nursing (DON) office as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/24/14 at 1:16 p.m. with the Maintenance Supervisor, the DON's office corridor door had a deadbolt lock and a knob lock. Based on interview on 07/24/14 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the deadbolt on the DON's office door should be removed.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned</p>				<p>agreement with the findings of this survey. Mcgivney Health care Center reserves the right to contest the survey findings through the informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. The facility offers its responses, credible allegations of compliance, and plan of correction as part of ongoing efforts to provide quality of care. Mcgivney Health Care Center reserves the right to modify policies, procedures and quality improvement systems as necessary to better meet the needs of the residents and facility. 1. Dead Bolt Lock removed immediately from the Director of Nursing Office following the exit survey. 2. All residents have the potential t be affected by this deficient practice. 3. A walk through of facility completed by Maintenance Supervisor and Regional Maintenance Director to ensure compliance. 4. Findings to QQA for 90 days or until deemed as necessary by IDT Team 5. DOC: 08/23/2014</p>		

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	<p>only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct fire drills on all shifts for 3 of 4 quarters for 2013 and 2014. This deficient practice affects all residents in the facility including staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill records on 07/24/14 at 3:15 p.m. with the Maintenance Supervisor, the following shifts had not been done:</p> <ul style="list-style-type: none"> <li>a. The second shift of the second quarter of 2014</li> <li>b. The first shift of the first quarter of 2014</li> <li>c. The second shift of the fourth quarter of 2013</li> </ul> <p>Based on interview on 07/24/14 at 3:17 p.m. with the Maintenance Supervisor, it was acknowledged the fire drills for the aforementioned shifts of 2013 and 2014 had not been done.</p> <p>3.1-19(b) 3.1-51(c)</p>			K010050	<p>Fire Drills were conducted one every quarter, but was not in correct sequence. 1. Fire Drills were conducted on days and evening shift. 2. All residents, visitors and families have the potential to be affected by this deficient practice. 3. Implemented a Annual Fire Drill Schedule that will alert/ send a reminder to Maintenance Supervisor, Executive Director and Regional Maintenance Director. Annual Fire Drill will be re-occurring. Executive Director to review fire drills at the end of each quarter and sign compliance form. Copies of Fire Drills and compliance Form will be sent to Regional Maintenance Director. 4. Findings to QQA monthly x 6 months, than quarterly x 3 months or until deemed unnecessary by IDT Team. 5. DOC: 08/23/2014</p>		08/23/2014

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K010062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in reliable operating condition. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1-11.1 requires maintenance shall be performed to keep the sprinkler system equipment operable or to make repairs. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of quarterly sprinkler reports on 07/24/14 at 1:45 p.m. with the Maintenance Supervisor, an internal sprinkler pipe inspection was done on 06/04/14 and the sprinkler report indicated the need to flush the system. Based on interview on 07/24/14 concurrent with record review, it was acknowledged by the Maintenance Supervisor the internal sprinkler piping had not been flushed and the facility was in the process of collecting quotes for the</p>		K010062	<p>1. Facility will obtain 2nd elevation for Internal Pipe Inspection, if evaluation warrants Fire Sprinkler System Flush, by qualified service providers. 2. All residents have the potential to be affected by this deficient practice. 3. Facility has scheduled Fire Sprinkler System Flush on 08/13/2014 with a qualified service provider. 4. Findings to QQA until deemed unnecessary. 5. DOC: 08/23/2014</p>		08/23/2014	

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K010144 SS=F	<p>repair.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator</p>	K010144	<p>1. Generator was tested immediately for number of seconds for transfer load. Findings: 3 Seconds 2. All residents have the potenial to be affected by this deficient practice. 3.. Emergency Generator Monthly Test Log being used will have additional column added to record "Number of Seconds" regarding transfer load time. Maintenance Director will immediately report any discrepancies to Executive Director and the Regional Maintenance Supervisor. Maintenance Director was In-Service on the Generator Transfer Time. 4. Findings to QQA x6, then monthly until deemed unnessary by the IDT team 5. DOC: 08/23/2014</p>	08/23/2014	

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K010147 SS=E	<p>could not supply electricity within 10 seconds of a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 07/24/14 at 3:30 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview on 07/24/14 at 3:33 p.m. with the Maintenance Supervisor, it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and the Maintenance Supervisor was unaware it needed to documented.</p> <p>3.1-19(b)</p>		K010147				
	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapters was not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, multiplug adapters, flexible cords and cables shall not be used as a substitute for</p>			<p>1. Muti- Plug removed immediately. 2. All residents have the potential to be affected by the deficient practice. 3. Complete walk through completed by the Maintenance Supervisor to ensure only electrical distribution</p>		08/23/2014	

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	<p>fixed wiring of a structure. This deficient practice could affect 6 residents located in the adjacent Dining room by the Front entrance as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 07/24/14 at 11:33 a.m. with the Maintenance Supervisor, there was one, six prong multiplug adapter connected to a wall outlet which was used to power office equipment at the Front Reception desk by the Front entrance. Based on interview on 07/24/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged it is the policy of the facility not to use multiplug adapters and to plug all office equipment into the wall outlet, however, the aforementioned six prong multiplug was used as a substitute for fixed wiring.</p> <p>3.1-19(b)</p>				<p>adapters are properly installed. Weekly rounds/ observations to be completed by appointed designee to ensure compliance. Any improper electrical distribution adapters found will be immediately removed and reported to Executive Director. Maintenance Supervisor was in-serviced on protocol of electrical distribution adapters by Regional Maintenance Director. 4. Findings to QQA monthly until deemed unnecessary by IDT team. 5. DOC: 08/23/2014</p>		